

CERTIFICATED COMPANY INFORMATION

SCLifeline, Inc.
Company Name
SCLIFELINE
Dba/fka
PO Box 8839
Mailing Address
Columbia, SC 29202
City, State, Zip Code
2101 Main Street Suite J
Business Location
Columbia SC 29201
City, State, Zip Code
Richland
County
Telephone #
803-255-0004
RECEIVED
APR 21 2015
PSC SC
CLERK'S OFFICE

REGISTERED AGENT INFORMATION

Registered Agent: _____
Mailing Address: _____
City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Charlie Sizemore (FOR ALL CONTACT PURPOSES)

- A. **General Manager** (Include Address if different than above)
8033631666 / 8663331984 / csizemore@cleartalk.net
Telephone Number / Facsimile Number / E-mail Address
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
Telephone Number / Facsimile Number / E-mail Address
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
Telephone Number / Facsimile Number / E-mail Address
- C2. **Customer Contact** (Toll Free Number)
- D. **Engineering Operations** (Include Address if different than above)
Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)
Telephone Number / Facsimile Number / E-mail Address
- F. **Emergencies** (During Non-Office Hours)
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. **Regulatory Officer** (Name & Title)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

H. **Annual Report Mailings** (Name & Title)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

I. **Dual Party Mailings** (Name & Title)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

J. **Interim LEC Fund Mailings** (Name & Title)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

K. **Universal Service Fund Mailings** (Name & Title)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

L. **Gross Receipts Mailings** (Name & Title)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

M. **Lifeline Mailings** (Name & Title)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

Charlie Sizemore

This form was completed by
General Manager

Title


Signature

/ 04/17/2015

Date

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201